

CLAIMS ONLY

Application Number
101635817
Applicant(s)

Filing Date

Applicant(s) _____

* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
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49				
50				
Total Indep	3			
Total Depend	45			
Total Claims	48			